

<i>SERFF Tracking Number:</i>	<i>AULD-126694550</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>6/2010 LTC REPORT</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>6/2010 LTC reports</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: 6/2010 LTC reports

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

SERFF Tr Num: AULD-126694550 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: 6/2010 LTC REPORT

State Tr Num:

State Status:

Reviewer(s): Marie Bennett, Harris

Shearer

Disposition Date: 07/09/2010

Authors: Angie Neville, Danita

Ragland-Hatton

Date Submitted: 06/28/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/09/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed:

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Danita Ragland-Hatton

Filing Description:

6/2010 LTC reporting

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist

One American Square

Indianapolis, IN 46206

Angie.Neville@oneamerica.com

317-285-1927 [Phone]

317-285-7538 [FAX]

Filing Company Information

SERFF Tracking Number: AULD-126694550 State: Arkansas
 Filing Company: Golden Rule Insurance Company State Tracking Number:
 Company Tracking Number: 6/2010 LTC REPORT
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: 6/2010 LTC reports
 Project Name/Number: /

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
 One American Square Group Code: Company Type:
 P. O. Box 406 Group Name: State ID Number:
 Indianapolis, IN 46206 FEIN Number: 37-6028756
 (877) 285-7660 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$0.00	06/28/2010	

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<i>Company Tracking Number:</i>	<i>6/2010 LTC REPORT</i>		
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<i>Product Name:</i>	<i>6/2010 LTC reports</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	07/09/2010	07/09/2010

SERFF Tracking Number: *AULD-126694550*

State: *Arkansas*

Filing Company: *Golden Rule Insurance Company*

State Tracking Number:

Company Tracking Number: *6/2010 LTC REPORT*

TOI: *LTC06 Long Term Care - Other*

Sub-TOI: *LTC06.000 Long Term Care - Other*

Product Name: *6/2010 LTC reports*

Project Name/Number: */*

Disposition

Disposition Date: 07/09/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AULD-126694550</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>6/2010 LTC REPORT</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letters		Yes
Supporting Document	Reports		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	This is not applicable to this filing.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	This is not applicable to this filing.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	
Bypass Reason:	This is not applicable to this filing.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	This is not applicable to this filing.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Cover Letters	
Comments:		
Attachments:		
	ARKANSAS - DENIAL LETTER- GR.pdf	
	AR Replacement & Lapse LETTER CY 2009 - GRI.pdf	

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State: *Arkansas*

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TOI: *LTC06 Long Term Care - Other*

Sub-TOI: *LTC06.000 Long Term Care - Other*

Product Name: *6/2010 LTC reports*

Project Name/Number: */*

Item Status:

Status

Date:

Satisfied - Item: Reports

Comments:

Attachments:

ARKANSAS - DENIAL REPORT - GR.pdf

AR Replacement & Lapse Rept CY 2009 - GRI.pdf



June 28, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: LTC Claims Denial Report for 2009
NAIC #62286

Dear Sirs:

As administrator for the Golden Rule Insurance, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Claims Denial report for reporting year 2009.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

The reports for State Life's traditional LTC product are submitted separately by Lifecare Assurance.

If you have any questions, please contact me toll-free at 877-285-7660, Ext. 1077.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure



June 28, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: LTC Replacement and Lapse Report for 2009
NAIC #62286

Dear Sirs:

As administrator for the Golden Rule Insurance Company, The State Life Insurance Company, a OneAmerica company, is submitting the attached LTC Replacement and Lapse report for reporting year 2009.

Please be advised that the report is based on asset-based life or annuity policies that allow access to the policy value for the purpose of paying long-term care expenses. These products don't necessarily replace traditional LTC products. It would be appreciated if you would confirm whether or not this report is applicable to asset-based products.

If you have any questions, please contact me at 317-285-7428.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne A. Leo".

Jeanne A. Leo, AIRC, HIA, ACS
Senior Market Conduct Analyst
Corporate Compliance & Market Conduct

/jal

Enclosure

Appendix E

Claims Denial Reporting Form Long -Term Care Insurance

For the State of ARKANSAS
For the Reporting Year of 2009

Company Name: Golden Rule Insurance Company
Company Address: One American Square
P.O. Box 368
Indianapolis, IN 46206

Company NAIC Number: 62286

Contact Person: Denise Miller

Phone Number: (317) 285-4190

Line of Business: ☒ Individual ☐ Group

Due: June 30th Annually

The purpose of this form is to report all long-term care claim denials under inforce long-term care insurance policies. "Denied" means a claim, that is not paid for any reason other than for claims denied for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total number of Long-Term Care Claims Reported	6	326
2	Total number of Long-Term Care Claims Denied	0	39
3	Percentage of Long-Term Care Claims Denied of those Reported	0%	11%
4	Number of Long-Term Care Claim Denials due to:		
	• Long-Term Care Services Not Covered under the policy ²	0	1
	• Provider/Facility Not Qualified under the policy ³	0	17
	• Benefit Eligibility Criteria Not Met ⁴	0	21
	• Other	0	0

¹ The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

² Example – home health care claim filed under a nursing home only policy.

³ Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

⁴ Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

LONG-TERM CARE REPLACEMENT REPORT

REPORT COMPANY: GOLDEN RULE INSURANCE COMPANY, NAIC COMPANY CODE 62286

PERIOD COVERED: JANUARY 1, 2009 - DECEMBER 31, 2009

REGULATION: DIVISION 400-LIFE, ANNUITIES, AND HEALTH, CHAPTER 4, LONG-TERM CARE:

SECTION 10 REPORTING REQUIREMENTS A-F

A. AGENT ANNUAL REPLACEMENT SALES VS. TOTAL SALES AND AGENT SALES THAT HAVE LAPSED VS. TOTAL SALES

B. TEN PERCENT (10%) OF AGENTS WITH GREATEST PERCENTAGES OF LAPSES AND REPLACEMENTS

BROKER	BROKER #	POLICIES ISSUED	REPLACE- MENTS	PERCENT REPLACED	POLICIES ISSUED	TOTAL LAPSED	PERCENT LAPSED
KERI M YARBROUGH	8297916	0	0		0	3	
MARY ELIZABETH AUSTI	GR1003282	0	0		0	1	
DONALD G BAKER	GR1121717	0	0		0	1	
MICHAEL J GIBBS	GR1161559	0	0		0	1	
JAY WESLEY DAVIDSON	GR1237817	0	0		0	1	
EUELYN ANN RESHAN	GR1238406	0	0		0	1	
WILLIAM RAYMOND WHEE	GR1289714	0	0		0	1	

ARKANSAS

THE ABOVE CHART INCLUDES ALL AGENTS THAT SUBMITTED ASSET-CARE BUSINESS WITH REPLACEMENT ACTIVITY.

C. REPORTED REPLACEMENT AND LAPSE RATES DO NOT CONSTITUTE A VIOLATION OF INSURANCE LAWS. THIS REPORT IS FOR THE PURPOSES OF REVIEWING MORE CLOSELY AGENT ACTIVITIES.

D.	TOTAL NUMBER OF LAPSED POLICIES IN 2009	9
E.	TOTAL NUMBER OF POLICIES ISSUED IN 2009	0
	TOTAL NUMBER OF REPLACEMENT POLICIES ISSUED IN 2009	0
	PERCENTAGE OF TOTAL ISSUED IN 2009	N/A (div by 0)
	TOTAL NUMBER OF IN FORCE POLICIES	122
	PERCENTAGE OF TOTAL IN FORCE POLICIES	0.0%
	(POLICIES IN FORCE AS OF DECEMBER 31, 2009)	

F. "POLICY" SHALL MEAN ONLY LONG-TERM CARE INSURANCE, AND
"REPORT" MEANS ON A STATEWIDE BASIS.